Division of Corporations Electronic Filing Cover Sheet

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(((H22000248820 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX CARE DORAL

Account Number: I20190000008

Phone

: (786)845-8854

Fax Number

: (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PATELUSA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

	ration Sector of Corp			
	ATELUSA			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		JESSICA TORRES		
			Name of Person	
		TAX CARE CELEBRATI	ON	
			Firm/Company	····
		1400 NW 107TH AVE ST	E 203	filing. Dwing: The of Person Address The and Zip Code COM To future annual report notification) The Centre of Tallahassee Swing: The of Person Address The of Person Address The of Person Address The of Person Address The of Person The Open of Person The of
			Address	
		SWEETWATER FL 3317	2	
			City/State and Zip Code	
		JESSICA.TORRES@TAX		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further infor	rmation co	ncerning this matter, please ca	all:	
JESSICA TOR	RES			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	g Address tration S		Registration Sec	
		orporations		
	Box 6327 hassee, Fi			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 JUL 27 AMII: 16

PATELUSA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{07/21/202}{}$	22	and assigned
Florida document number L22000322082	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designati	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	<u></u> ,		
B. If amending the registered agent and/or re	zistered office :	address on our record	s, enter the name o	f the new registered
agent and/or the new registered office address				
Name of New Registered Agent:		·····		
New Registered Office Address:		Enter Florida stre	eet address	
			, Florida	
		City	, F 101 IGA	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ESTELA ROJAS	488 NW 18TH ST UNIT 4509	≅ Add
		MIAMI, FL 33137	□ Remove
			Change
			□ Add
			□Remove
			☐ Change
			□ Add
			[Remove
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Effective date, if other than t If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not	meet the appli	cable statutory	or more than 90 filing requirem	(optional) days after filing.) I ents, this date w	Pursuant to 605.020 ill not be listed a
e record specifies a delayed effect rd is filed.	tive date, but no	ot an effective t	time, at 12:01 a	.m. on the earl	ier of: (b) The	90th day after the
Dated		2022	·			
	P	atricio G	Juzman	ative of a membe		
		71				
	Signature of a	member or auth	normed represent	ative of a membe	er	

Filing Fee: \$25.00